Image# 14941626966 PAGE 1/2

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

NAME OF COMMITTEE IN FULL Nita Lowey for Congress					
ADDRESS (number and street) PO Box 271			_		
CITY, STATE, and ZIP CODE			-		
White Plains	NY 1060	05			
2. NAME OF CANDIDATE	3. OFFICE SOUGHT (St	3. OFFICE SOUGHT (State and District)		4. FEC IDENTIFICATION NUMBER	
Nita M Lowey	House	NY 17	C00219881		
5. IS THIS AN AMENDMENT? NO, THIS IS A NEW FILING	YES, IT AMENDS THE	NOTICE FILED ON	/	/	
A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer		Date (month, day, year)	Amount	
American Academy of Dermatology Association PAC		American Academy of Dermatology Associ			
1350 I Street, NW, Suite 880	ASSOCI			2500.00	
1000 F Giloci, 1444, Gaille Goo	Transaction ID : C2	20729925			
Washington DO 20005	Occupation				
Washington DC 20005	Manager, Political	Affairs	Date (month,		
B. FULL NAME, MAILING ADDRESS AND ZIP CODE American Dental Political Action Committee	Name of Employer	Name of Employer		Amount	
American Dentari Ontical Action Committee				2500.00	
1111 14th Street NW #1100					
	Transaction ID : C20730079				
Washington DC 20005	Occupation				
C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer		Date (month,	Amount	
AVMA PAC			day, year)		
Amer. Veterinary Medical Assoc			06/20/2014	1000.00	
1101 Vermont Avenue NW #710	Transaction ID : C2	Transaction ID : C20729927			
Washington DC 20005	Occupation				
D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer		Date (month, day, year)	Amount	
NATIONAL BEER WHOLESALERS ASSOCIATION	National Beer Whol	National Beer Wholesalers			
POLITICAL ACTION COMMITTEE	Association		06/20/2014	2500.00	
1101 King St					
Ste 600	Transaction ID : C2	20729926	_		
Alexandria VA 22314-2965	Occupation 5				
E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer		Date (month, day, year)	Amount	
Anne Kauffman Nolon	Hudson River HealthCare		uay, year)		
108 Cobb Lane			06/20/2014	1000.00	
	Transaction ID : C20729490				
Tarrytown NY 10591-3006	Occupation Health Care Execu				
SIGNATURE (optional)		DATE		nformation contact:	
Richard Melnikoff	[Electronically Filed] 06/21/2014		Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100		
		1	1	,	



Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.



Image# 14941626967 PAGE 2 / 2

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL				
Nita Lowey for Congres	S			
ADDRESS (number and street) PO Box 2	271			
CITY, STATE, and ZIP CODE			_	
White Plains		NY 10605	continuation	page
2. NAME OF CANDIDATE		3. OFFICE SOUGHT (State and District)	4. FEC IDENTIFICATION	NUMBER
Nita M Lowey		House NY 17	C00219881	
5. IS THIS AN AMENDMENT? NO, TH	HIS IS A NEW FILING	YES, IT AMENDS THE NOTICE FILED ON	///	
A. FULL NAME, MAILING ADDRESS AND ZIP CO	DDE	Name of Employer	Date (month,	Amount
Mr. David A. Tanner		Continental Grain Company	day, year)	
W. Bavia / t. Tarmor		, ,	06/20/2014	1000.00
1120 Park Avenue				
		Transaction ID : C20730083		
New York	NY 10128	Occupation		
D. FULL NAME, MALLING ADDRESS AND TIP OF		Investor	Date (month,	Amount
B. FULL NAME, MAILING ADDRESS AND ZIP CO	JUE	Name of Employer	day, year)	Amount
Harold Tanner		Tanner & Co. , Inc.	00/00/0044	4500.00
950 Third Avenue			06/20/2014	1500.00
330 Tima Avende		Transaction ID : C20729491		
		Occupation		
New York	NY 10022	President		
C. FULL NAME, MAILING ADDRESS AND ZIP CO	DDE	Name of Employer	Date (month,	Amount
			day, year)	
		Occurred to a		
		Occupation		
D. FULL NAME, MAILING ADDRESS AND ZIP CO	DDE	Name of Employer	Date (month,	Amount
			day, year)	
		Occupation		
E. FULL NAME, MAILING ADDRESS AND ZIP CO	NDE .	Name of Employer	Date (month,	Amount
E. I OLE MAINE, MAILING ADDRESS AND ZIP CC	/UL	Name of Employer	day, year)	
		Occupation		